

FOR HMO SUBSCRIBERS ONLY:

You are eligible to earn one of the following options:

OPTION 1 – CLUB MEMBERSHIP

CIGNA HealthCare will pay up to \$450 a year per subscriber contract per employee for club memberships for eligible State employees who join WORKING WONDERS. To take advantage of this option, members must:

- Join a participating health club and pay for membership for three consecutive months.
- Work out eight times per calendar month and obtain the initials of a club staff members next to each entry.
- This benefit is eligible to ACTIVE STATE OF NEW HAMPSHIRE EMPLOYEE HMO SUBSCRIBERS that are not utilizing the home exercise equipment benefit.

OPTION 2 – EXERCISE EQUIPMENT

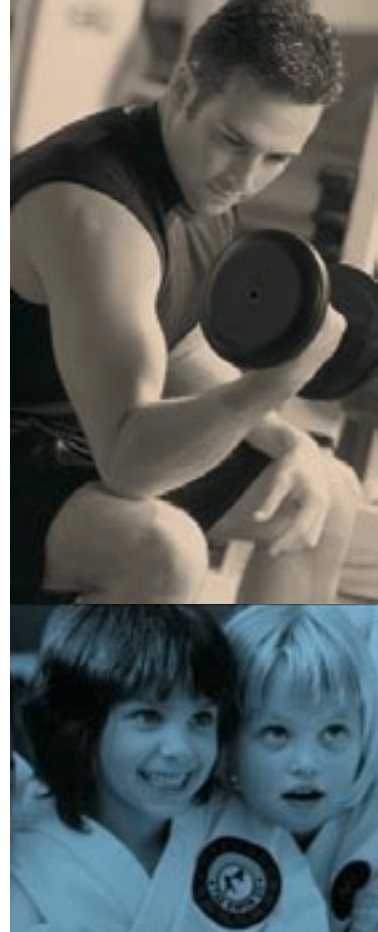
State employees can receive a reimbursement on approved home exercise equipment, up to \$200 a year per Subscriber contract. When a subscriber contract includes two State of New Hampshire employees, both employees are eligible for this benefit.

1. Reimbursement for home exercise equipment is limited to active HMO State employees who are CIGNA HealthCare Subscribers.
2. All equipment must be designed for use in the home (as an alternative to working out at a health club). Equipment must be new and purchased at a retail store.
3. All equipment must be on CIGNA HealthCare's list of approved home exercise equipment for a subscriber to qualify for reimbursement.
4. Subscribers must submit a completed and signed reimbursement form with a store receipt attached in order to receive reimbursement.
5. Maximum reimbursement is \$200 per benefit year per subscriber contract and is limited to the purchase of one piece of equipment. This benefit is eligible to ACTIVE STATE OF NEW HAMPSHIRE EMPLOYEE HMO SUBSCRIBERS that are not utilizing the gym reimbursement benefit.
6. Most cardiovascular and strength training equipment are approved. The list below identifies the equipment that is not approved.

Non-Approved Equipment

Aerobic dance/step videos
Abdominal machines/ rollers
Balance & stability aids (core boards, etc.)
Boxing gloves
Exercise mats
Exercise props (blocks, mats, fitness balls)
Golf clubs
Heart rate monitors
Jogging strollers
Maintenance supplies
New or used equipment purchased through a private sale
Pilates machines
Punching bags

Racquets (tennis, racquetball, etc.)
Road or mountain bike
Skate (in-line, ice)
Skis (cross-country/downhill)
Sports balls (basketball, football, etc.)
Sports/exercise clothing and shoes
Stamina inversion table
Swiss balls
Trampolines
Used equipment (except purchased at a consignment store)
Weight bench
Walk in squat rack
Weight plate/dumbbell rack tree



www.myCIGNA.com provides all the materials necessary for you to enroll in Working Wonders. When you are ready, simply download or print any of the materials you need such as the Working Wonders Gym Fitness Log Card, Reimbursement Forms, etc. If you do not have access to the internet you can request this information by calling Member Services at the number on your ID card.



CIGNA HealthCare
A Business of Caring.

WORKING

WONDERS®



HOME EXERCISE EQUIPMENT Reimbursement Form

*For Network HMO Subscribers that are
Active State of New Hampshire Employees*

As part of the Working Wonders Program, Network HMO Subscribers that are Active State of New Hampshire Employees may be reimbursed up to \$200 per benefit year for approved home exercise equipment. Reimbursement is limited to approved cardiovascular equipment (i.e., stair stepper, rowing machine, treadmill, stationary cycle, etc.) Reimbursement for home exercise equipment is an alternative to the health club option.

Complete the information below and mail this entire form, along with your store receipt or copy of your canceled check, to: **Working Wonders**

CIGNA HealthCare of New Hampshire, Inc.
Two College Park Drive
Hooksett, NH 03106

Please Print

Member Name: _____

CIGNA HealthCare ID #: _____

Address: _____

Name of equipment: _____

Where it was purchased: _____

Date of purchase: _____ Cost: _____

Subscriber signature: _____

Please allow 4-8 weeks for reimbursement. If you have questions concerning your eligibility for this benefit or would like to confirm coverage for a specific piece of equipment, please contact Member Services at the number on your ID card.



CIGNA HealthCare

A Business of Caring.

"CIGNA HealthCare" refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.